

# Children's Health Coverage- OERU

## DRAFT Quarterly Invoice



County Name: \_\_\_\_\_ County Allocation #: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Billing period: \_\_\_\_\_

Vendor ID #: \_\_\_\_\_

| BUDGET CATEGORIES<br>(per contract) | Fiscal Year<br>Approved<br>Budget | Expended<br>Prior | Expenses<br>Billed this<br>Quarter | CDHS use only |                 | Expended to<br>Date | Remaining<br>Balance |
|-------------------------------------|-----------------------------------|-------------------|------------------------------------|---------------|-----------------|---------------------|----------------------|
|                                     |                                   |                   |                                    | Adjustment    | Approved<br>Amt |                     |                      |
| <b>PERSONNEL</b>                    |                                   |                   |                                    |               |                 |                     |                      |
| Full-Time Staff                     |                                   |                   |                                    |               |                 | \$ -                | \$ -                 |
| Part-Time Staff                     |                                   |                   |                                    |               |                 | \$ -                | \$ -                 |
|                                     |                                   |                   |                                    |               |                 | \$ -                | \$ -                 |
| Benefits                            |                                   |                   |                                    |               |                 | \$ -                | \$ -                 |
|                                     |                                   |                   |                                    |               |                 | \$ -                | \$ -                 |
|                                     |                                   |                   |                                    |               |                 | \$ -                | \$ -                 |
| <b>TOTAL PERSONNEL<br/>SALARIES</b> |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |
| <b>OPERATING EXPENSES</b>           |                                   |                   |                                    |               |                 |                     |                      |
| Rent                                |                                   |                   |                                    |               |                 |                     |                      |
| Office Expenses                     |                                   |                   |                                    |               |                 |                     |                      |
| Equipment                           |                                   |                   |                                    |               |                 |                     |                      |
| Training                            |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |
| Conference/Meetings                 |                                   |                   |                                    |               |                 |                     |                      |
| Travel                              |                                   |                   |                                    |               |                 |                     |                      |
| Outreach Materials                  |                                   |                   |                                    |               |                 |                     |                      |
| Automated enrollment                |                                   |                   |                                    |               |                 |                     |                      |
| Indirect/Admin. expenses            |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |

\*\*Please submit invoices from subcontractors if applicable.

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| BUDGET CATEGORIES<br>(per contract) | Fiscal Year<br>Approved<br>Budget | Expended<br>Prior | Expenses<br>Billed this<br>Quarter | CDHS use only |                 | Expended to<br>Date | Remaining<br>Balance |
|-------------------------------------|-----------------------------------|-------------------|------------------------------------|---------------|-----------------|---------------------|----------------------|
|                                     |                                   |                   |                                    | Adjustment    | Approved<br>Amt |                     |                      |
| <b>TOTAL OPERATING<br/>EXPENSES</b> |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |
| <b>OTHER EXPENSES</b>               |                                   |                   |                                    |               |                 |                     |                      |
| AmeriCorps contract                 |                                   |                   |                                    |               |                 |                     |                      |
| Subcontractor 1                     |                                   |                   |                                    |               |                 |                     |                      |
| Subcontractor 2                     |                                   |                   |                                    |               |                 |                     |                      |
| Collaborative Partnership           |                                   |                   |                                    |               |                 |                     |                      |
| Collaborative Partnership           |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |
| <b>TOTAL OTHER COSTS</b>            |                                   |                   |                                    |               |                 |                     |                      |
|                                     |                                   |                   |                                    |               |                 |                     |                      |
| <b>TOTAL COSTS</b>                  |                                   |                   |                                    |               |                 |                     |                      |

I certify that the expenditures claimed represent actual expenses for the service performed under this allocation.

|  |                  |
|--|------------------|
| <b>Please sign in blue ink only</b>                  |                  |
| _____  | _____            |
| <b>County OERU Project Financial Officer (print)</b> | <b>Signature</b> |

|                                      |                  |
|--------------------------------------|------------------|
| <b>Please sign in blue ink only</b>  |                  |
| _____                                | _____            |
| <b>OERU Project Director (print)</b> | <b>Signature</b> |

**Explanation of Adjustments:**

\*\*Please submit invoices from subcontractors if applicable.

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